PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the

| CURRENT CORRESPONDE | NCE ADDRESS (Note: Use BI | ock 1 for any change of address) | 1.0 | C(S) Hansiilillai, In | us cermine: | ate cannot be used t | or domestic mailings of or any other accompan | nina. |
|---|---|---|---|---|---|---|---|---------------------------------|
| 26327 | 7590 07/24 | /2009 | ha | ve its own certificate | e of mailir | ng or transmission. | nt or formal drawing, i | —— |
| THE LAW OF | FICE OF KIRK D |). WILLIAMS | | Cer | rtificate o | Mailing or Trans | mission USA EFS- | لس. |
| PO BOX 39425 | | | | I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
| DENVER, CO 80239-0425 | | | | nsmitted to the USP | TO (571) | | | mile |
| | | | _ | | Kik | D.Willia | (Depositor's n | iame) |
| | | | <u></u> | | | 00- | (Signa | ature) |
| | | | | | <u> </u> | 21,2009 |) | Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | | ATTORN | NEY DOCKET NO. | CONFIRMATION NO | $\overline{\Box}$ |
| 10/811,044 03/27/2004 | | | John J. Williams JR. | | 42027 | | 9536 | |
| TITLE OF INVENTION MESSAGES USING A L | N: BYPASSING NAT OCK MANAGER IND | IVE STORAGE OPERA | ATIONS BY COMMU ORAGE MECHANISM | NICATING PROTI | ECTED 1 | DATA WITHIN L | OCKING | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E EEE | TOTAL FEE(E) DUE | B. 275 246 | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | ETEE] | TOTAL FEE(S) DUE \$1810 | DATE DUE 10/26/2009 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 7 | | \$1010 | 10/26/2009 | |
| HICKS, MICHAEL J | | 2165 | 707-008000 | J | | | | |
| 1. Change of corresponde CFR 1.363). | nce address or indication | n of "Fee Address" (37 | 2. For printing on the | patent front page li | et | The La | in office of | _ |
| * | andence address (or Cha | (1) the names of up to 3 registered patent atternous 1 Kick N Williams | | | | | | |
| Address form PTO/SB | ondence address (or Cha /122) attached. | or agents OR, alternatively, (2) the name of a single firm (having as a member a | | | | | | |
| "Fee Address" indi- PTO/SB/47; Rev 03-02 Number is required. | cation (or "Fee Address' 2 or more recent) attach | Indication form acd. Use of a Customer | | | | | | |
| 3. ASSIGNEE NAME AN | ND RESIDENCE DATA | A TO BE PRINTED ON T | L | vne) | | | | |
| PLEASE NOTE: Unlo recordation as set forth | ess an assignee is identi in 37 CFR 3.11 Comm | ified below, no assignee pletion of this form is NO | data will appear on the | patent. If an assign | nce is ider | ntified below, the de | ocument has been filed | d for |
| (A) NAME OF ASSIG | NEE | nection of this form is NO | (B) RESIDENCE: (CIT | n assignment. 'Y and STATE OR (| COUNTR | V) | | |
| Cisco | Technolo | ov Ties | | Jose, C | | • , | | |
| Please check the appropris | ate assigned category or | Satogories (will not be an | | Jose, C | - | _ | | |
| | | | | | | | | nent |
| 4a. The following fee(s) a | re submitted: | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | |
| Publication Fee (No | o small entity discount p | A check is enclosed. Payment by credit card. Form PTO 2038 is attached. | | | | | | |
| Advance Order - # | of Copies | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5014 50 (enclose an extra copy of this form). | | | | | | |
| 5. Change in Entity State | us (from status indicated | labove) | overpayment, to Dep | osit Account Number | er 50/ | (enclose a | 1 extra copy of this form | m). |
| a. Applicant claims | SMALL ENTITY statu | s. See 37 CFR 1.27. | ☐ b. Applicant is no lo | nger claiming SMA | LL ENTI | ΓY status. See 37 CI | FR 1.27(g)(2) | |
| NOTE: The Issue Fee and interest as shown by the re | | uired) will not be accepted tes Patent and Trademark | | the applicant; a regi | istered atte | orney or agent; or th | c assignee or other par | ty in |
| Authorized Signature | 12C | | | | <u></u> | 21 200 | 9 | |
| Typed or printed name | Kirk D. L | illiams | | Date | | 21, 200; 2, 229 | | |
| This collection of informa | | | | Registration N | No. 7 | L, LL7 | | |
| This collection of informa an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231 | adity is governed by 35 application form to the ons for reducing this bur rginia 22313-1450. DO | U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (| on is required to obtain or 1.14. This collection is e depending upon the ind e Chief Information Offic COMPLETED FORMS | retain a benefit by t stimated to take 12 i ividual case. Any co cer, U.S. Patent and | the public minutes to mments of Trademar | which is to file (and complete, including on the amount of times k Office, U.S. Depart | by the USPTO to proc g gathering, preparing, ne you require to compartment of Commerce, | cess) , and plete P.O. |
| Under the Paperwork Red | | | | | | | | 450, |
| | , | and and adjusted to les | spond to a conceiton of the | normation unless it | displays a | valid OMB control | number. | |